FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

515 322

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR ÚNIFORM LIMITED OFFERING EXEMPTION



SEC US	E ONLY				
Prefix	Serial				
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Series A Preferred Stock Offering								
Filing Under (Check box(es) that apply):	☐ Rule 504		☐ Rule 505	\boxtimes	Rule 506	Section	4(6)	ULOE
Type of Filing:		\boxtimes	New Filing			Amendmer	nt	
	A. BAS	IC ID	ENTIFICATION D	ATA				
1. Enter the information requested about t	he issuer							
Name of Issuer (check if this is an am	endment and name has c	hang	ed, and indicate ch	nange.)				
Eurekster, Inc.								
Address of Executive Offices	(Number and Stree	t, Cit	y, State, Zip Code)	Tel	ephone Numb	er (Including A	rea Coo	de)
350 Sansome Street, Suite 400, San Fra	ancisco, CA 94104		· .,	(41	5) 235-2821			
Address of Principal Business Operations	(Number and Stree	t, Cit	• • • • •			er (Including A	rea Co	de)
(if different from Executive Offices)			PF	anc.	FSSED			
Brief Description of Business -					- 8			
Internet software development			ال	AN Z	6 2005 E	-		
Type of Business Organization			•	That his	NSUN			
⊠ corporation [☐ limited partnership, alre	ady f	ormea .		NCIAL	other (pleas	e speci	ify) –
☐ business trust	☐ limited partnership, to b	e for	med					
			<u>Month</u>	<u>Year</u>				
Actual or Estimated Date of Incorporation	or Organization:		11	03		_	_	
						⊠ Actual		Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
	CN for Canada; FN for oth					DE		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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		A. BASIC IDEN	TIFICATION DATA		
Each promoterEach beneficial issuer;Each executive	I owner having the power	er has been organized within t er to vote or dispose, or direct corporate issuers and of corpor	the vote or disposition of,		
Check Box(es) that Apply:	☐ Promoter			□ Director	☐ General and/or Managing Partner
Full Name (Last name	first, if individual)				
Ryan, Grant					
Business or Residence	a Address (Number and	Street, City, State, Zip Code)			
350 Sansome Street.	Suite 400, San Francis	sco. CA 94104			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name	first, if individual)				
Marder, Steven E.					
	e Address (Number and	Street, City, State, Zip Code)			
350 Sansome Street.	Suite 400, San Francis	sco. CA 94104			
Check Box(es) that	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Apply:					Managing Partner
Full Name (Last name	first, if individual)				
Franklin, Gary					
Business or Residenc	e Address (Number and	Street, City, State, Zip Code)			
350 Sansome Street,	Suite 400, San Francis	sco, CA 94104			
	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
Check Box(es) that Apply:		Deficiolal Owner			Managing Partner
Apply:					Managing Partner
Apply: Full Name (Last name					Managing Partner
Apply: Full Name (Last name Ryan, Shaun	first, if individual)	Street, City, State, Zip Code)		-74 -	Managing Partner
Apply: Full Name (Last name Ryan, Shaun Business or Residence	first, if individual)	Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	Managing Partner
Apply: Full Name (Last name Ryan, Shaun Business or Residenc 350 Sansome Street,	e first, if individual) e Address (Number and	Street, City, State, Zip Code)	⊠ Executive Officer	☐ Director	Managing Partner General and/or Managing Partner
Apply: Full Name (Last name Ryan, Shaun Business or Residenc 350 Sansome Street, Check Box(es) that Apply:	e first, if individual) e Address (Number and Suite 400, San Francis	Street, City, State, Zip Code) sco, CA 94104	⊠ Executive Officer	☐ Director	☐ General and/or
Apply: Full Name (Last name Ryan, Shaun Business or Residence 350 Sansome Street, Check Box(es) that Apply: Full Name (Last name	e first, if individual) e Address (Number and Suite 400, San Francis	Street, City, State, Zip Code) sco, CA 94104	⊠ Executive Officer	☐ Director	☐ General and/or
Apply: Full Name (Last name Ryan, Shaun Business or Residenc 350 Sansome Street, Check Box(es) that Apply: Full Name (Last name Cervantez, Thomas	e first, if individual) e Address (Number and Suite 400, San Francis Promoter e first, if individual)	Street, City, State, Zip Code) sco, CA 94104	⊠ Executive Officer	☐ Director	☐ General and/or
Apply: Full Name (Last name Ryan, Shaun Business or Residenc 350 Sansome Street, Check Box(es) that Apply: Full Name (Last name Cervantez, Thomas Business or Residence	e first, if individual) e Address (Number and Suite 400, San Francis Promoter e first, if individual)	Street, City, State, Zip Code) sco, CA 94104 Beneficial Owner Street, City, State, Zip Code)	⊠ Executive Officer	☐ Director	☐ General and/or

☐ Executive Officer

☐ Director

☐ General and/or

Managing Partner

☐ Beneficial Owner

Check Box(es) that

Full Name (Last name first, if individual)

Apply:

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

			<u></u>		B. INFO	ORMATION	ABOUT O	FFERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							Yes 🗍	No ⊠				
2. What is the minimum investment that will be accepted from any individual?								. \$ <u>N</u> /	Ά			
3. Doe:	3. Does the offering permit joint ownership of a single unit? Yes ☑ No □									No 🗆		
for s or de	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									agent of a broker		
NONE					<u>.</u>							
Full Nar	me (Last nam	ne first, if ind	lividual)									
Busines	s or Resider	ce Address	(Number a	nd Street	City, State	Zip Code)						
200,1100			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	ony, oraco	,p ====,						
Name o	f Associated	Broker or D	ealer	-		***						
	n Which Pers											
•	"All States" o			· _			tDE1				run	All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI) [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	me (Last nan											
Busines	ss or Resider	nce Address	(Number a	nd Street,	City, State	, Zip Code)						
Name o	of Associated	Broker or D	Dealer					 -	<u>-</u>	<u> </u>		
States i	n Which Per	son Listed H	las Solicited	d or Intend	s to Solicit	Purchasers						
(Check	"All States" o	or check indi	ividual State	es)								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Na	[SC] me (Last nan	[SD] ne first, if ind	[TN] dividual)	[TX]	[UT]	[\forall T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(,	,									
Busines	ss or Resider	nce Address	(Number a	nd Street,	City, State	, Zip Code)				-		
Name of Associated Broker or Dealer												
Name	n Associated	DIOKE! OF L	realei									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States).												
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] (RI)	[NE] [SC]	[NV]	[NH] [TN]	[NJ]	[NM] (UT)	[YN]	[NC]	[DN] [AW]	[OH]	[OK]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN Enter the aggregate offering price of securities included in this offering and the total amount alre		is "none" or "zero." If
the transaction is an exchange offering, check this box and indicate in the columns below the already exchanged.		
Type of Security	Aggregate Offering Price	Amount Alread
Debt	\$0	\$0
Equity	\$1,346,155	\$1,346,155
☐ Common ☒ Preferred		
Convertible Securities (including warrants)	\$6,176	\$6,176
Partnership Interests	\$0	\$0
Other (Specify)	\$0	\$0
Total	\$1,352,331	\$1,352,331
Answer also in Appendix, Column 3, if filing under ULOE.		_
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	12	\$1,352,331
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Security	Dollar Amount Sold
Type of Offering	Security	3010
Rule 505		
Regulation A		
Rule 504		
Total	V= 100 100 100 100 100 100 100 100 100 10	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		3 \$0
		_

 \boxtimes

\$20,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer"...... \$ 1,332,331 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above. Payment to Officers, Payment To Directors, & Affiliates Others Salaries and fees \boxtimes \$0 \$0 \boxtimes \boxtimes \$0 Purchase of real estate..... \$0 Purchase, rental or leasing and installation of machinery and equipment..... \boxtimes \$0 \boxtimes \$0 Construction or leasing of plant buildings and facilities..... \$0 \boxtimes Acquisition of other businesses (including the value of securities involved in this offering that may \boxtimes \boxtimes \$0 be used in exchange for the assets or securities of another issuer pursuant to a merger)..... \$0 Repayment of indebtedness \boxtimes \boxtimes \$0 \$0 Working capital..... \boxtimes \$0 \times \$1,332,331 Other (specify)..... \boxtimes \$0 \boxtimes \boxtimes \boxtimes \$0 \$0 Column Totals \boxtimes \times \$0 \$0 Total Payments Listed (column totals added).....

D.	FEDER	RALS	IGNATI	URF

signature constitutes an undertaking	ce to be signed by the undersigned duly authors to the U.S. Securities of any non-accredited investor pursuant to particles.	and Exchange Commission, upo	
Issuer (Print or Type)	Signature		Date 1 /14 /05
Eurekster, Inc.			1/14/03
Name of Signer (Print or Type)	Citle of Signer (Print or Type)		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Assistant Secretary

Thomas Cervantez